

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i>	<b>FOR COURT USE ONLY</b>
TELEPHONE NO.: FAX NO. <i>(Optional):</i>	
E-MAIL ADDRESS <i>(Optional):</i>	
ATTORNEY FOR <i>(Name):</i>	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>REQUEST FOR HEARING AND APPLICATION TO SET ASIDE SUPPORT ORDER</b>	CASE NUMBER:

1. A hearing on this application will be held as follows:

a. Date:	Time:	Dept.:	Div.:	Rm.:
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- b. The address of the court where the hearing will be held: ☐ same as noted above ☐ other (specify):

2. An order was entered in this case on *(date)*: \_\_\_\_\_ requiring me to pay support. I request that the order be set aside.

3. Grounds for this request are (check all that apply):

- ☐ Fraud
- ☐ Perjury
- ☐ Lack of notice

4. ☐ I have complied with the time limits for filing this request to set aside (check one):

- a. ☐ Request brought within 6 months after the date I discovered or reasonably should have discovered the fraud.
- b. ☐ Request brought within 6 months after the date I discovered or reasonably should have discovered the perjury.
- c. ☐ Request brought within 6 months after the date:
- (1) ☐ I obtained or reasonably should have obtained notice of the support order **or**
- (2) ☐ my income and assets were subject to attachment pursuant to the support order.

5. ☐ **FACTS IN SUPPORT** of relief requested are (specify in this space and continue on the back of the form, if necessary; you are required to provide facts in support of your application):

☐ Contained in the attached declaration.

(Continued on reverse)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5. ☐ FACTS IN SUPPORT of relief requested are *(continued from front page)*:  
☐ Contained in the attached declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

<hr/> (TYPE OR PRINT NAME)		<hr/> (SIGNATURE OF DECLARANT)
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